



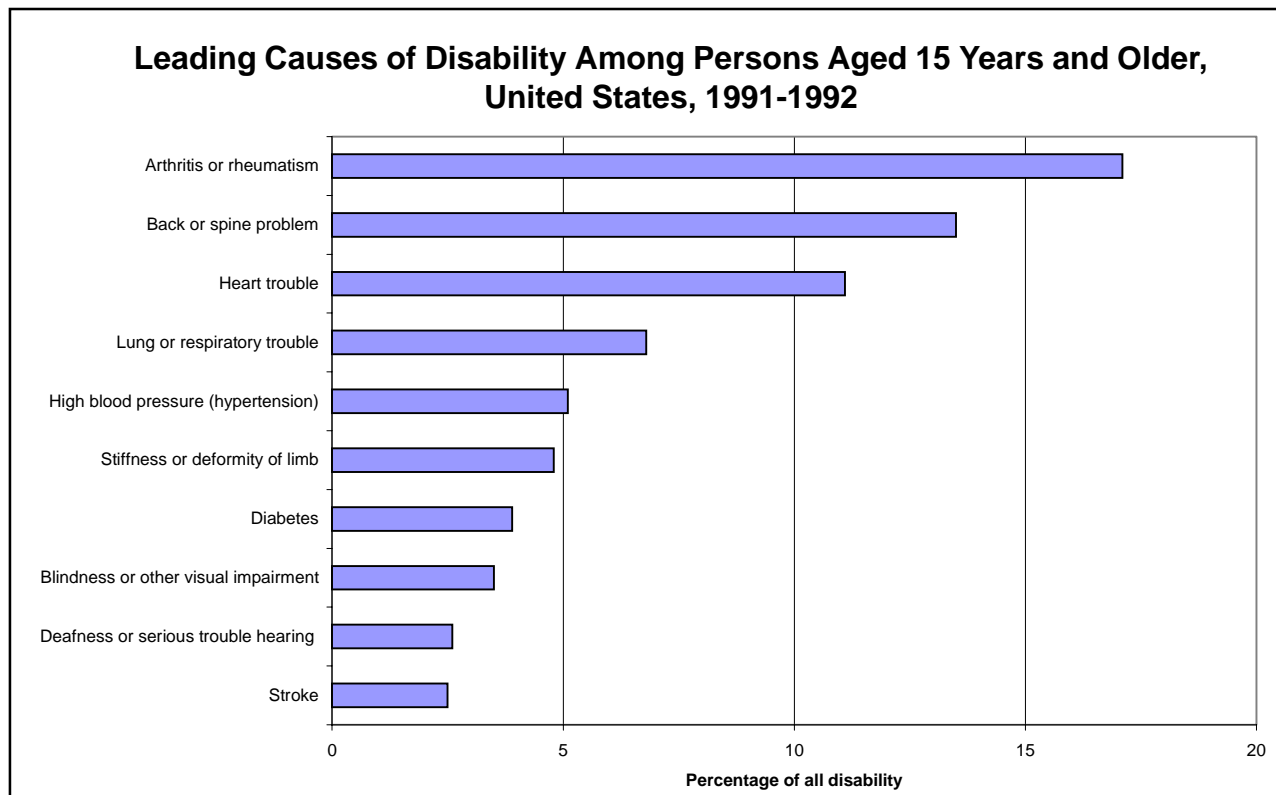
# CHRONIC DISEASE – ARTHRITIS

## Definition

“Arthritis,” as used in this document and in the *National Arthritis Action Plan*, includes a variety of rheumatic conditions and diseases of the joints. This use of the word “arthritis” encompasses more than 100 diseases and conditions that affect joints, the surrounding tissues, and other connective tissues. These diseases and conditions include osteoarthritis, rheumatoid arthritis, lupus, juvenile rheumatoid arthritis, gout, fibromyalgia, bursitis, rheumatic fever, and Lyme disease. The most common forms of arthritis are osteoarthritis, rheumatoid arthritis, and fibromyalgia.

## Problem

Arthritis currently affects more than 15% of the U.S. population (more than 43 million Americans), and more than 20% of the adult population, making it one of the most prevalent conditions in the United States. The large public health impact of arthritis is reflected in a variety of measures. First, it is the leading cause of disability. Second, health-related quality of life measures are consistently worse for people with arthritis. Third, arthritis has a large economic impact.



**Source:** Centers for Disease Control and Prevention. (1994). “Prevalence of disability and associated health conditions—United States, 1991-1992.” *Morbidity and Mortality Weekly Report*, 43 (40), 730-731,737-737. Atlanta, GA: Centers for Disease Control and Prevention.

Maryland, with a population of 5,130,072 (1998 Bureau of Census), has an estimated 769,500 individuals with arthritis (an estimate of 15% of the population). The estimated medical cost is \$270 million annually with estimated total costs (medical care and lost productivity) of \$1.2 billion due to arthritis. The burden of arthritis and related diseases is expected to continue to escalate to more than 847,000 people by the year of 2010 (Projected population: 5,651,525, Maryland Office of Planning).

## Determinants

There are certain risk factors known to be associated with arthritis. Three of these factors are *non-modifiable*: female sex, older age, and genetic predisposition.

- Women aged 15 years and older account for 60% of those who suffer from arthritis, the leading chronic condition among women. In Maryland, the number of women who are 15 years and older will be 2,291,693 by 2010.
- Age is also associated with increased risk of arthritis. Half of the elderly population is affected by arthritis, and risk increases with age. The number of elderly (65+ years old) will reach 683,835 in Maryland by 2010.
- Genetic predisposition to arthritis is a third non-modifiable risk factor. Certain genes are known to be associated with a higher risk of some types of arthritis.

In addition, a few clearly *modifiable* risk factors are also associated with increased risk of arthritis. These include:

- Obesity. In 1998 about 20% of the adult population was obese. The prevalence of obesity increased from 11.2% in 1991 to 19.8% in 1998, representing a 75% increase over the years. By year 2010, this number will reach 1,158,563 if the condition remains unchanged;
- Joint injuries;
- Joint infections;
- Certain occupations (e.g., shipyard work, framing, heavy industry, and occupations with repetitive knee-bending).

Arthritis affects 50% of persons 65 and older. However, most persons with arthritis are younger than age 65 and of working age. Arthritis is more common among women, for whom it is the leading chronic condition and cause of activity limitation. Whites and African-Americans have similar rates of disease, but African-Americans have greater rates of activity limitation. For African-Americans, arthritis is the third most common condition and the leading cause of activity limitation. For Hispanics and American Indians/Alaska Natives, arthritis is the second most common condition and the second leading cause of activity limitation. For Asian/Pacific Islanders, arthritis is the fourth most common condition and the second leading cause of activity limitation. Arthritis prevalence and disability are more common among persons with lower education and lower income. African-Americans have lower rates of total joint replacement, a surgical procedure highly successful in reducing the impact of arthritis in persons with severe pain or disability.

**Objective 1** - By 2001, establish a statewide surveillance system to track the prevalence of arthritis and its related disability and impact on quality of life.

**Objective 2** - By 2002, develop a state arthritis action plan to promote public awareness of the disease, early diagnosis and appropriate self-management, and development of continuing medical education programs for health care providers.

### **Action Steps**

- ⇒ Include the Centers for Disease Control and Prevention (CDC) Arthritis Module in the Maryland Behavioral Risk Factor Surveillance System (BRFSS).
  - ⇒ Build capacity and infrastructure within the Department of Health and Mental Hygiene to deal competently with the awareness of arthritis and related conditions and effectively carry out a future *Maryland State Plan for Arthritis*.
  - ⇒ Investigate existing primary, secondary, and tertiary intervention programs in the nation that have proven effective in lessening disparities among different populations and identify and promote useful strategies in those programs.
  - ⇒ Identify the number of current health care provider continuing education offerings related to arthritis, and augment as needed. Promote awareness and educational programs for health care providers.
  - ⇒ Develop and conduct a public-awareness campaign.
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### **Partners**

Arthritis Foundation of Maryland • Delmarva Foundation for Medical Care • Delmarva Orthopaedic Clinic • Governor's Council on Physical Fitness • Johns Hopkins University School of Medicine • Lupus Foundation of Maryland • Maryland Department on Aging • Maryland Health Care Commission • Maryland Local Health Departments • Maryland Medical Assistance Program, DHMH • Maryland Society for Rheumatic Diseases • Maryland State Advisory Council on Arthritis • Maryland State Osteoporosis Task Force • Med Chi—the Maryland State Medical Society • Office of Health Promotion, Education, and Tobacco Use Prevention, DHMH • University of Maryland, Baltimore County

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